



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <u>201217</u>	NAME OF AGENCY <u>Crystal City Police Department</u>	DATE OF INSPECTION <u>2-14-2013</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>130 Mississippi Avenue, Crystal City</u>		TIME OF INSPECTION <u>1815 hrs.</u>

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) ^{OK}	DATE AND TIME (from printout) <u>2-14-2013 / 1817 hrs.</u>
<input checked="" type="checkbox"/> COMPUTER ^{OK}	<input checked="" type="checkbox"/> DETECTOR ^{OK}
<input checked="" type="checkbox"/> PROGRAM ^{OK}	<input checked="" type="checkbox"/> FILTERS ^{OK}
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <u>49</u> °C ^{OK}	<input checked="" type="checkbox"/> QUARTZ STANDARD ^{OK}
<input checked="" type="checkbox"/> FLOW DETECTOR ^{OK}	<input checked="" type="checkbox"/> CALIBRATION ^{OK}
<input checked="" type="checkbox"/> PUMP HIGH SPEED ^{OK}	<input checked="" type="checkbox"/> PRINTER ^{OK}

☒ INDICATOR LIGHTS ^{OK}

☒ SIMULATOR SOLUTION SUPPLIER Guth Laboratories, Inc. LOT # 12100 EXP. DATE 07-18-2014 ^{OK}

☒ SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN VR3772 EXP. DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE ^{OK}
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 ^{OK} <u>.101</u>	TEST 2 ^{OK} <u>.100</u>	TEST 3 ^{OK} <u>.099</u>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED) ^{OK}

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS ^{OK}	(0-.04) ^{OK}	(.05-.09) ^{OK}	(.10-.14) ^{OK}	(.15-.19) ^{OK}	OVER .19 ^{OK}
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY)

Purged Sample Chamber to remove fluid; Reset Detector Voltage; Verified Calibration.

INSPECTING OFFICER

SIGNATURE <u>[Signature]</u> #212	PRINT FULL NAME <u>Ptn. Jeffery S. Wynn #212</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220090 / 04-05-2014</u>	TELEPHONE NUMBER <u>(636) 937-4601</u>

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-8470

CERTIFICATE OF ANALYSIS**Certified Alcohol Reference Solution for Simulator**

Random Samples of Lot Number **12100** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 20, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217% (w/vol)** ethyl alcohol. The expiration date for this lot number is **July 18, 2014** at 11:59 PM.

When used in a calibrated Simulator, operating at **34°C +/- .2°C**, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FNI22211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**STATE OF MISSOURI
CRYSTAL CITY POLICE DEPARTMENTBAC DATAMASTER SERIAL NUMBER 201217
02/14/13
19:17

----- DIAGNOSTIC CHECK -----

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

1"#\$%&'()*+,-./0123456789:;<=>@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcde fgh i jklmno
pqrstuvwxy z{|}~"

Operator Signature

[Signature] #212 Type II

2208-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**STATE OF MISSOURI
CRYSTAL CITY POLICE DEPARTMENTBAC DATAMASTER SERIAL NUMBER 201217
02/14/13

TESTING OFFICER:

WYNN, JEFFERY S

OFFICER I.D.: 218

PERMIT NUMBER: 200090

EXPIRATION DATE: 04/05/14

MISCELLANEOUS DATA:

----- SUPERVISOR MODE -----

BLANK TEST	.000	18:20
INTERNAL STANDARD	VERIFIED	18:20
EXTERNAL STANDARD	.101	18:20
BLANK TEST	.000	18:21
EXTERNAL STANDARD	.100	18:22
BLANK TEST	.000	18:22
EXTERNAL STANDARD	.099	18:23
BLANK TEST	.000	18:24

N = 3

SIM. = .1

AUG. = .1

Operator Signature

[Signature] #212 Type II

Face This Side Down -- This Edge In First

**BAC DataMaster
Evidence Ticket**STATE OF MISSOURI
CRYSTAL CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 251217

02/14/13

ARREST TIME: 12:45

SUBJECT NAME:

TEST/REF

DOB: 01/09/84

SEX: M

STATE/D.L.# MO/R183456789

ARRESTING OFFICER:

WYNN, JEFFERY S

OFFICER I.D.# 910

TESTING OFFICER:

WYNN, JEFFERY S

OFFICER I.D.# 910

PERMIT NUMBER: 000000

EXPIRATION DATE: 01/01/14

MISCELLANEOUS NOTES:

RECEIVED FROM:

WALK TEST

.000

12:00

INTERNAL STOPPED

RECEIVED

10:00

RADIO INTERFERENCE

Operator Signature

[Signature] #212 Type II

2208-02

State of Missouri
DEPARTMENT OF HEALTHP E R M I T
TYPE II

JEFFERY S WYNN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/05/2012Number 220090Expires 04/05/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)